



# State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

**REPORT DUE BY April 1, 2014**

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/21/2014  
Business ID: 387887  
William M. Gardner  
Secretary of State

D'PERGO CUSTOM GUITARS, INC.

PO BOX 1023  
WINDHAM, NH 03087

**ADDRESS OF PRINCIPAL OFFICE:**

3 PINE HILL ROAD  
WINDHAM, NH 03087

**REGISTERED AGENT AND OFFICE:**

MCGARR, AVA  
29 BEACON HILL ROAD  
WINDHAM, NH 03087

ENTITY TYPE:	CORPORATION
BUSINESS ID:	387887
STATE OF DOMICILE:	NEW HAMPSHIRE
GUITARS	

2 **If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.**

The new mailing address \_\_\_\_\_

The new principal office address \_\_\_\_\_

PO Box is acceptable.

OFFICERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>(MUST LIST AT LEAST ONE OFFICER BELOW)</u>	A	BOARD OF DIRECTORS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). <u>(MUST LIST AT LEAST ONE DIRECTOR BELOW)</u>	B
PRES. <b>Stefan Dapergolas</b>		DIR. <b>Richard Martin</b>	
STREET <b>PO Box 1023</b>		STREET <b>Williams Group</b>	
CITY/STATE/ZIP <b>Windham Nh 03087</b>		CITY/STATE/ZIP <b>Manchester Nh 03104</b>	
NAME .....		NAME .....	
STREET .....		STREET .....	
CITY/STATE/ZIP .....		CITY/STATE/ZIP .....	
NAME .....		NAME .....	
STREET .....		STREET .....	
CITY/STATE/ZIP .....		CITY/STATE/ZIP .....	
NAME .....		NAME .....	
STREET .....		STREET .....	
CITY/STATE/ZIP .....		CITY/STATE/ZIP .....	
NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED			

4 To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

**Sign here:** Stefan Dapergolas

**Please print name and title of signer:** Stefan Dapergolas / PRESIDENT

NAME TITLE

FEE DUE: **\$100.00** E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_



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**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**

MAKE CHECK PAYABLE TO SECRETARY OF STATE  
RETURN COMPLETED REPORT AND PAYMENT TO:  
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301